

# Foster Family Home - Deficiency Report

**Provider ID:** 1-150079

**Home Name:** Zeny Agonoy, CNA

**Review ID:** 1-150079-11

94-447 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/28/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/28/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#4's APS/CAN lapsed on 11/12/2020 and no current result present; CG#5 without the 1st and 2nd year of APS/CAN/Fingerprinting present; CG#6 without any results of APS/CAN. HHM#2 and HHM#3 without any results of APS/CAN/Fingerprinting in the CCFFH binder.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#5, CG#6, HHM#2, and HHM#3.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
41.(a)(3)	Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and	
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.	
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and	
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.	
41.(h)	The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.	

Comment:

- 41.(a)(3)- CG#4, CG#5, and CG#6 without a Job Experiences form completed.  
 41.(b)(7)- CG#5's TB clearance expired on 6/10/2021 and no current TB clearance present. HHM#2 and HHM#3 without any TB clearances results present in the CCFFH binder.  
 41.(b)(8)- CG#5's First Aid certification expired on 9/9/2021 and no current certificate present.  
 41.(c)- CG#1 was short of 9 hours of annual in services training for the year 2021; CG#4 without any hours for the year 2021.  
 41.(f)(1)- HHM#2 and HHM#3 without any TB Clearances results in the CCFFH binder.  
 41.(g)- CG#4 without a Basic Skills Checks completed on Client #1.  
 41.(h)- CG#4 without a 3 client CCFFH approval present in the CCFFH binder.

Foster Family Home	Medication and Nutrition	[11-800-47]
47.(c)	Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.	
47.(d)	Use of physical or chemical restraints shall be:	
47.(d)(1)	By order of a physician;	

Comment:

- 47.(c)- No list of medications side effects present on Client #1.  
 47.(d), (d)(1)- No MD order present for Client #1's [REDACTED].

Foster Family Home	Client Account	[11-800-48]
48.(a)	The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.	

Comment:

- 48.(a)- No Client Account Record present and completed for Client #2.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Physical Environment

[11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

- 49.(a)(4)- Back door exit obstructed with household items; a wheelchair will be unable to pass through safely in the event of an emergency and or evacuation.
- 49.(b)(3)- CG#1's bedroom was noted to be on the opposite side(far) of Client #2's bedroom; no means for client to call for assistance (no call bell, no monitoring device present).

## Foster Family Home

## Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

- 50.(a)- CG#5 and CG#6 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## Foster Family Home

## Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;
- 54.(c)(8) Personal inventory.

Comment:

- 54.(a)(1)- Emergency/Evacuation map did not match the CCFFH's current structure.
- 54.(b)(1)- CG#1's CCFFH binder/chart was in disarray making it difficult to survey/review.
- 54.(c)(2)- Client #2's Service Plan dated 8/6/2021 without either the POA/client signature. Also Service Plan indicated for [REDACTED] rvice but was discontinued in March of 2021.
- 54.(c)(5)- Client #1 and Client #2's Medication Administration Record was last signed on 10/25/2021.
- 54.(c)(6)- Client #1 and Client #2's ADLs/Daily Care Flowsheets were last signed on 10/25/2021.
- 54.(c)(8)- No Personal Inventory List completed for Client #1.

*Maibelle Nakamine, RN*

Compliance Manager

*[Signature]*  
Primary Care Giver

Date

Date

*10/28/2021*

*10/28/2021*